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PTO/SB/17 (10-07)
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Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/562,639-Conf. #8755 **Application Number** May 16, 2006 FEE TRANSMIT Filing Date Peter TUNGUY-DESMARAIS First Named Inventor For FY 2008 **Examiner Name** L.E. Karpinski Applicant claims small entity status. See 37 CFR 1.27 1616 Art Unit TOTAL AMOUNT OF PAYMENT 5288-0102PUS1 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 02-2448 x Deposit Account Deposit Account Number. Deposit Account Name:\_\_ Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 210 255 105 Design 210 105 100 130 50 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) -20 = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. Signature 28.380 Telephone (703) 205-8015 ome (Attorney/Agent) Name (Print/Type) James M. Slattery September 26, 2008

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SEP 26 2008 W

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ction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2008** 5288-0102PUS1 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/562,639-Conf. #8755 May 16, 2006 Application Number Filed COMPOSITION AND METHOD FOR THE TREATMENT OF WATER RELATED EAR DISORDERS For Art Unit 1616 Examiner L.E. Karpinski This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 120.00 Two months (37 CFR 1.17(a)(2)) \$460 \$230 Three months (37 CFR 1.17(a)(3)) \$1050 \$525 Four months (37 CFR 1.17(a)(4)) \$820 \$1640 Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 28,380 attorney or agent under 37 CFR 1.34. Registration humber if acting under 37 CFR 1.34 September 26, 2008 Signature Date James M. Slattery (703) 205-8015 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below Total of forms are submitted.

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